#### FORM D



### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

#### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXCEPTION

1424	1046
OMB A	PPROVAL
OMB Number:	3235-0076
Expires:	April 30,2 008
Estimated average	ne burden

SEC U	SE ONLY
Prefix	Serial
DATER	ECEIVED

SEC

Name of Offering ( check if this is an amendment and name has changed, and indicate change) Convertibe the conversion of such Notes, and Common Stock issuable upon conversion of such Convertible Preferred Stock	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 505	ule 506 Section 4(6) ULOE NAR 03 2007
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	Washington, D
1. Enter the information requested about the issuer	1 <u>6</u> %
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
iMemories, LLC	BBACESSER
Address of Executive Offices (Number and Street, City, State, Zip Code) Telepho	one Number (Including Area Code)
9181 East Bell Road, Suite 101, Scottsdale, AZ 85260 (480)	767-2510 MAR 1 1 2008, W
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telepho (if different from Executive Offices)	one Number (Including Area Code) HOMSON FINANCIAL
Brief Description of Business	
Providing digital transfer services for transferring home videos and film to DVD and editing of digital video and photographs.	a website featuring online viewing, sharing and
Type of Business Organization	
corporation limited partnership, already formed other (please s	specify): limited liability company
business trust limited partnership, to be formed	
Actual or Estimated Date of Incorporation or Organization:    Month     0   8	Year  0 4 ⊠ Actual ☐ Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)	AZ

#### **GENERAL INSTRUCTIONS**

#### Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 C.F.R. 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the firsts ale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies norm anually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee,

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amounts hall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

			A. BASIC IDENTIF	TICATION DATA	
2. Enter the info	ormation r	equested for the fe	ollowing:		
•	Each pron	noter of the issuer	, if the issuer has been org	anized within the pastf ive years;	
		ficial ownerh avi		spose, ord irect the vote ord isposit	ion of, 10% or more of a class of
	Each exectissuers;a r		director of corporate issu	ners and of corporate general and n	nanaging partners of partnership
•	Each gene	eral and managing	g partner of partnership iss	suers.	
Check Box(es) the	at Apply:	Promoter	Beneficial Owner	☐ Executive Officer ☐ Direct	tor General and/or Managing Partner
Full Name (Last 1	name first,	if individual)			
Rukavina, Mark					
Business or Resid	lence Addi	ress (Number and	Street, City, State, Zip Co	ode)	
9181 East Bell Ro	oad, Suite	101, Scottsdale, A	AZ 85260		
Check Box(es) th	at Apply:	Promoter	Beneficial Owner	Executive Officer Direct	ctor General and/or Managing Partner
Full Name (Last	name first	, if individual)			
Business or Resid	lence Add	ress (Number and	Street, City, State, Zip Co	ode)	
Check Box(es) th	at Apply:	Promoter	Beneficial Owner	☐ Executive Officer ☐ Direct	ctor General and/or Managing Partner
Full Name (Last	name first	, if individual)			
Business or Resid	lence Add	ress (Number and	Street, City, State, Zip Co	ode)	
Check Box(es) th	at Apply:	Promoter	Beneficial Owner	Executive Officer Direct	ctor General and/or Managing Partner
Full Name (Last	name first	, if individual)			
Business or Resid	dence Add	ress (Number and	l Street, City, State, Zip Co	ode)	
Check Box(es) th	nat Apply:	Promoter	Beneficial Owner	Executive Officer Direct	ctor General and/or Managing Partner
Full Name (Last	name first	, if individual)			
Business or Resid	dence Add	ress (Number and	l Street, City, State, Zip Co	ode)	
Check Box(es) th	nat Apply:	Promoter	Beneficial Gwner	☐ Executive Officer ☐ Dire	ctor General and/or Managing Partner
Full Name (Last	name first	t, if individual)	***		
D	J A Ja	lucas Olymphan and	1 Street City State 7in C	ode)	

					F	B. INFO	RMATIO	N ABOU	T OFFER	RING			
1.	Has the	issuer sol	d, or doe	s the issu	er intend	to sell, to	non-acc	redited in	vestors in t	his offerir	ıg?		Yes 🛛 No
		Answer	also in A	ppendix,	Column	2, if filing	g under U	LOE.					
2.	What is the minimum investment that will be accepted from any individual?												
3.	Does the	Does the offering permit jointo wnership of a single unit?									Yes 🗌 No		
4.	of securi registere five (5)	y, any co ities in the ed with th	mmissione offering the SEC at to be list	n or simi g. If a p ind/or wi ted area	lar remuserson to the a state ssociated	neration f be listed i or states	or solicita s an asso , list the	ation of pu ciated per name of the	rill be paid archasers in son or age the broker of or dealer,	n connect ent of a bro or dealer.	on with soker or de If more t	ales aler than	
Ful	l Name (l	Last name	e first, if	individua	al)		-						
Bus	iness or l	Residence	e Address	s (Numbe	er and Str	eet, City,	State, Zij	Code)					
Nar	ne of Ass	ociated E	Broker or	Dealer							<u> </u>		······································
Ful	(Check [AL] [IL] [MT] [RI]	( "All Sta [AK] [IN] [NE] [SC] Last name	tes" or cl [AZ] [IA] [NV] [SD] e first, if	neck indi [AR] [KS] [NH] [TN] individua	vidual St [CA] [KY] [NJ] [TX]	[ĆO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [Mi] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	All States [ID] [MO] [PA] [PR]
	· <del></del> · · · · · · · · · · ·	Residence		`	er and Str	eet, City,	State, Zip	Code)					<del>*</del>
	(Check [AL] [IL] [MT] [RI]	ich Perso "All Sta [AK] [IN] [NE] [SC]	tes" or ch [AZ] [IA] [NV] [SD]	neck indir [AR] [KS] [NH] [TN]	vidual Sta [CA] [KY] [NJ] [TX]	ntends to ates) [CO] [LA] [NM]	Solicit Pu [CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[H!] [MS] [OR] [WY]	All States [ID] [MO] [PA] [PR]
Bus	iness or l	Residence	Address	(Numbe	r and Str	eet, City,	State, Zip	Code)					
Nar	ne of Ass	ociated B	Broker or	Dealer			<del> </del>	·					
Stat	es in Wh	ich Perso	n Listed	Has Solie	cited or I	ntends to	Solicit Pu	ırchasers					
		"All Star				•	F =		e=	r=			All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] ISCI	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
	Enter the aggregate offering price of securities in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  Type of Security	<b>A</b>	\$1,000,000
	Common Preferred	Aggregate Offering Price	Amount Already Sold
T	Debt	_	-
	Equity	\$1,000,000 \$	\$ <u>300,000</u> \$
1	Convertible Securities (including warrants)	\$	<u> </u>
	Partnership Interests	\$	\$
	Other (Specify	\$	\$
To	otal	\$1,000,000	\$300,000
2.	Entert he number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
1	Accredited Investors	1	\$300,000
Ì	Non-accredited Investors	0	\$ <u>N/A</u>
	Total (for filings under Rule 504 only)	<u>N/A</u>	\$ <u>N/A</u>
	Answer also in Appendix, Column 4 if filing under ULOE		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505	N/A	\$N/A
	Regulation A	N/A	\$N/A
	Rule 504	N/A	\$N/A
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in thiso ffering. Exclude amountsr elating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is notk nown, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$ <u>0</u>
	Printing and Engraving Costs		\$ <u>0</u>
	Legal Fees		\$ <u>10,000</u>
	Accounting Fees		\$0
	Engineering Fees		\$ <u>0</u>
	Sales Commissions (specify finders' fees separately)		\$ <u>0</u>
	Other Expenses (identify):	  X	\$0 \$10,000
	1000	IXI	30 LO OOO

b. Enter the difference between the aggregate offering price given in respons					\$990,000
expenses furnished in response to Part C-Question 4.a. This difference is issuer."					
<ol> <li>Indicate below the amount of the adjusted gross proceeds to the issuer used of purposes shown. If the amount for any purpose is not known, furnish an estim- estimate. The totalo f the payments listed must equal the adjusted gross proce- to PartC - Question 4.b above.</li> </ol>	nate and check	the	box to the lefto f th		
			Payments to Officers, Directors, & Affiliates		Payments to Others
Salaries and fees	[		\$ <u>0</u>		\$ <u>0</u>
Purchase of real estate	[		\$0		\$ <u>0</u>
Purchase, rental or leasing and installation of machinery and equipmen	t[		\$0		\$ <u>0</u>
Construction or leasing of plant buildings and facilities	[		\$0		\$0
Acquisition of other businesses (including the value of securities involv offering that may be used in exchange for the assets or securities of ano issuer pursuant to a merger)	ther		\$0		\$0
Repayment of indebtedness			\$ <u>0</u>		\$0
Working capital	r		\$0	$\boxtimes$	\$990,000
Other (specify):			\$ <u>0</u>		\$
Column Totals	[		\$0	$\boxtimes$	\$990,000
Total Payments Listed (column totals added)			🛭 \$ <u>99</u>	0,000	<del></del>
D. FEDERAL SIGNA	ATURE				
Thei ssuer has duly caused this noticet o bes igned by theu ndersigned duly authorized ignature constitutes an undertaking by thei ssuer to furnish to the U.S. Securition formation furnished by the issuer to any non-accredited investor pursuant to paragraphs.	es and Exchan	geC	ommission, upon	l under R written r	tule 505, the follow equest of its staff,
Issuer (Printo r Type) Signature	2 .			Date	
iMemories, LLC	Mak A. Lakarria				
Name of Signer (Print or Type)  Title of Signer (Print or Type)			<i>y</i>		ry <u>26</u> , 2008
Mark Rukavina Member					

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

_	r (	STATE SIGNATURE	
1.	Is any party described in 17 CFR 230.252(c), (d), (e) or (provisions of such rule?	(f) presently subject to any of the disqualification	Yes 🛭 No
	See Appendi	x, Column 5, for state response.	
2.	The undersigned issuer hereby undertakes to furnish to Form D (17 CFR 239.500) at such times as required by s		nis notice is filed, a notice on
3.	The undersigned issuer hereby undertakes to furnish to issuer to offerees.	o the state administrators, upon written request,	information furnished by the
4.	The undersigned issuer represents that the issuer is fall limited Offering Exemption (ULOE) of the state in which this exemption has the burden of establishing that these	ch this notice is filed and understands that the issu	
	he issuer has read this notification and knows the contendersigned duly authorized person.	nts to be true and has duly caused this notice to	be signed on its behalf by the
Is	ssuer (Print or Type)	Signature	Date
<u>i1</u>	Memories, LLC	Mak a. lukavina	February <u>26</u> , 2008
N	lame (Print or Type)	Title (Print or Type)	

Member

#### Instruction:

Mark Rukavina

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copiesn of manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APP	ENDIX				· · · · · · · · · · · · · · · · · · ·
1	Intend t non-acc investors (Part B-	o sell to credited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of in	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL	,								
AK									
AZ	, ,	х	Debt – Convertible Promissory Notes – \$1,000,000	1	\$300,000	0	0		х
AR									
CA									
со									
ст									
DE									
DC									
FL	·							:	
GA									
HI	•								
ID	,								
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KS	·								
KY									
LA									
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NM									
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NC									
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				APP	ENDIX				
1	Intend to non-acci	o sell to credited s in State -Item 1)	3  Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of i	nvestor and amoun	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
OK									
OR				_					
PA									
RJ									
SC									
SD				-					
TN									
TX									
υT									
VA									
WA				_					
wv									
WI									
WY									
PR		<u> </u>							

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